

**Issue Classification**

(Assistant Examiner) (Date)

*[Handwritten signature]*

Total Claims Allowed: 22	
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<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47										
Final	Original		Final	Original		Final	Original		Final	Original										
1	1			31			61			91				121			151			181
<del>1</del>	<del>2</del>			32			62			92				122			152			182
<del>2</del>	<del>3</del>			33			63			93				123			153			183
2	4			34			64			94				124			154			184
<del>3</del>	<del>5</del>			35			65			95				125			155			185
<del>4</del>	<del>6</del>			36			66			96				126			156			186
<del>5</del>	<del>7</del>			37			67			97				127			157			187
3	8			38			68			98				128			158			188
4	9			39			69			99				129			159			189
5	10			40			70			100				130			160			190
6	11			41			71			101				131			161			191
<del>6</del>	<del>12</del>			42			72			102				132			162			192
7	13			43			73			103				133			163			193
8	14			44			74			104				134			164			194
9	15			45			75			105				135			165			195
10	16			46			76			106				136			166			196
11	17			47			77			107				137			167			197
12	18			48			78			108				138			168			198
<del>12</del>	<del>19</del>			49			79			109				139			169			199
13	20			50			80			110				140			170			200
14	21			51			81			111				141			171			201
15	22			52			82			112				142			172			202
16	23			53			83			113				143			173			203
17	24			54			84			114				144			174			204
18	25			55			85			115				145			175			205
19	26			56			86			116				146			176			206
<del>19</del>	<del>27</del>			57			87			117				147			177			207
20	28			58			88			118				148			178			208
21	29			59			89			119				149			179			209
22	30			60			90			120				150			180			210